

Wisconsin Medicaid and BadgerCare

recipient update

September 2003

PHC 1141

Wisconsin Medicaid and BadgerCare Information for Recipients

To: All Medicaid recipients

English – For help to translate or understand this, please call 1-800-362-3002 (TTY).
Spanish – Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-362-3002 (TTY).
Russian – Если вам не всё понятно в этом документе, позвоните по телефону 1-800-362-3002 (TTY).
Hmong – Yog xav tau kev pab txhais cov ntaub ntauv no kom koj totaub, hu rau 1-800-362-3002 (TTY).

Pharmacy copayment changes for Wisconsin Medicaid and BadgerCare recipients

Starting October 1, 2003, Wisconsin Medicaid and BadgerCare recipients who are required to make copayments will pay a \$3 copayment for brand name prescription drugs. Recipients will continue to pay a \$1 copayment for generic prescription drugs. The Wisconsin biennial budget (2003 Wisconsin Act 33) includes increased pharmacy copayments for some drugs for Wisconsin Medicaid and BadgerCare recipients.

Also starting October 1, 2003, a recipient who uses a single pharmacy may be charged up to \$12 in copayments per recipient, per month, for prescription drugs, an increase from \$5. See the article titled “Copayment” on page 2 of this *Wisconsin Medicaid and BadgerCare Update* for information on copayment exemptions.

Medicaid and BadgerCare recipients will also continue to pay a \$0.50 copayment for over-the-counter drugs with no per-month maximum.

Because this change is a result of a change in state law, recipients will not have a right to a hearing to contest this change.

Intensive behavioral intervention services for autism will be covered under waiver program

As a result of the Wisconsin biennial budget (2003 Wisconsin Act 33), Wisconsin Medicaid has removed coverage for intensive in-home behavioral intervention services for children with autism as a general Medicaid and BadgerCare benefit.

Instead, these services will be covered under a Medicaid “home and community-based service” waiver program that will begin later this fall.

Children currently receiving these services will be transitioned to this waiver program. To sign up for the new waiver program, any new children must be younger than eight years old and be diagnosed with autism, Asperger’s, or a pervasive developmental disorder. Those affected by this change have been notified.

Because this change is a result of a change in state law, recipients will not have a right to a hearing to contest this change.

Questions? Please call Recipient Services at 1-800-362-3002.

BadgerCare premium changes

BadgerCare premiums will increase effective January 1, 2004

Families with individuals enrolled in BadgerCare, who have countable income that exceeds 150% of the Federal Poverty Level (FPL), are required to pay a monthly premium as a condition of participation. In 2003, 150% of the FPL is equal to \$1,907.50 per month for a family of three. The current premium schedule requires families to pay premiums that equal no more than 3% of their monthly income.

Effective January 1, 2004, families with countable income that exceeds 150% of the FPL must pay a monthly BadgerCare premium that equals no more than **5%** of their monthly income as indicated in the Wisconsin biennial budget (2003 Wisconsin Act 33). Wisconsin Medicaid recipients do not pay premiums.

Because this change is a result of a change in state law, recipients will not have a right to a hearing to contest this change.

BadgerCare employer verification changes

BadgerCare employer verification requirements will change effective January 1, 2004

Effective January 1, 2004, employed applicants and recipients for BadgerCare will be required to provide verification of their earnings and their access to health insurance coverage from their employer **before** they can be determined eligible for BadgerCare. This change is due to the Wisconsin biennial budget (2003 Wisconsin Act 33). This does not apply to Wisconsin Medicaid recipients.

Currently, employed applicants for BadgerCare are allowed to self-declare their earnings and health insurance coverage. Verification of their earnings and health

insurance coverage is done by the state agency **after** applicants are determined to be eligible for BadgerCare.

Because this change is a result of a change in state law, recipients will not have a right to a hearing to contest this change.

Are you in a special eligibility category?

A small group of Medicaid recipients who are covered under special eligibility categories have **limited** benefits coverage. These special eligibility categories include the following:

- Family Planning Waiver Program.
- Presumptive Eligibility.
- Qualified Medicare Beneficiary Only (QMB Only).
- Qualifying Individuals (QI-1).
- Qualified Disabled Working Individuals (QDWI).
- Specified Low Income Medicare Beneficiary (SLMB).
- Tuberculosis (TB) benefit.

If you are enrolled in one of these special eligibility categories, you need to make sure that your provider knows that you are eligible for **limited** benefits **before** you receive services. Your provider should verify your eligibility and which services are covered before you receive them.

Copayment

Copayments are the part of the cost for certain services that some Medicaid and BadgerCare recipients are responsible for paying. Medicaid and BadgerCare copayments range from \$0.50 to \$3.00 per service. You must pay your copayment, but if you cannot pay it right away, the provider cannot refuse to provide the services. Providers can ask for copayments at the time of service or they can bill you for them later. You may be asked for more than one

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Questions? Please call Recipient Services at 1-800-362-3002.

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copayment if you get more than one service at an appointment.

Certain services do not require copayment

These Medicaid and BadgerCare services do not require copayment:

- Case management services.
- Community support program services.
- Crisis intervention services.
- Emergency hospital and ambulance services.
- Family planning services and supplies.
- Home care services.
- Hospice care services.
- Private duty nursing and respiratory care services.
- School-Based Services.
- Substance abuse day treatment services.

People who do not pay copayments

These people do not pay copayments:

- Children under 18 years old.
- People in nursing homes.
- People in Medicaid HMOs and other Medicaid managed care programs receiving HMO-covered or managed care-covered services.
- Pregnant women receiving medical services related to their pregnancy or to another medical condition that may complicate their pregnancy.

Copayment amounts

For most services, the following copayment amounts apply:

<i>Medicaid service amount</i>	<i>Copayment</i>
Up to \$10.00	\$0.50
From \$10.01 to \$25.00	\$1.00
From \$25.01 to \$50.00	\$2.00
Over \$50.00	\$3.00

See the article titled “Pharmacy copay changes for Wisconsin Medicaid and BadgerCare recipients” on page 1 of this *Update* for more information on pharmacy copayments.

I am getting a bill from my provider!

If you get something in the mail that looks like a bill from a provider, contact the provider’s office. It may be a request for more information about your Wisconsin Medicaid or BadgerCare eligibility or a bill for your copayments. (See the article titled “Copayment” on page 2 for more information about copayments.) It may also be a bill for services which you received that are not covered by Wisconsin Medicaid or BadgerCare, or a statement for services you received.

Payment for covered services

Wisconsin Medicaid and BadgerCare pays your provider for the covered services you receive. A provider **cannot** require you, your relatives, or others to pay additional charges for these covered services.

When providers can bill recipients

Except for copayments, providers may not charge you for Wisconsin Medicaid- or BadgerCare-covered services. Be sure to tell them you are a Wisconsin Medicaid or BadgerCare recipient. A provider **can charge** you for services that are **not covered** by Wisconsin Medicaid or BadgerCare if the provider told you before providing the services that the services are not covered.

Questions? Please call Recipient Services at 1-800-362-3002.

Report changes to your caseworker

Wisconsin Medicaid and BadgerCare recipients must report certain changes to their caseworker at the county/tribal social or human services department, W-2 agency, or Social Security office. These changes include:

- A new address or a move out of state.
- An increase in income or assets.
- A change of family size.
- Vehicle ownership.
- A change in commercial health insurance coverage.

These changes need to be reported within 10 days of the change. If you do not report these changes, you may lose your eligibility.

Medicaid fraud and abuse

It is illegal to:

- Let someone else use your Medicaid or BadgerCare card to get services.
- Apply for Wisconsin Medicaid or BadgerCare for someone else and use the benefits for yourself.
- Duplicate or alter prescriptions.
- Knowingly misrepresent medical symptoms for the purpose of getting any covered service.
- Knowingly get the same service from more than one provider for the same health condition (besides getting a confirmation of a diagnosis or a second opinion on a surgery).

If a court finds that Medicaid or BadgerCare health care benefits have been obtained illegally, the court may require repayment for those services in addition to other penalties. Fines up to \$25,000, imprisonment for up to five years, or both, and suspension from Medicaid or BadgerCare benefits can be the result.

If you know of anyone getting Medicaid or BadgerCare services illegally, or if you suspect a Medicaid provider of fraud or abuse, you can call Recipient Services at 1-800-362-3002 to report them.

Don't be a "No Show"

Keep your appointments. If you are not able to keep an appointment, call the provider to cancel as soon as possible. Otherwise, the provider may be less likely to reschedule your appointment.

When you make an appointment, the provider sets aside time to take care of your needs. If you fail to keep your appointment, you are not only keeping the provider from caring for you, but the provider is also unable to care for someone else.

It is your responsibility to keep your appointment and to notify the provider as soon as possible if you are unable to keep the appointment.

Burial costs

Effective July 1, 2003, the maximum amount of burial-related costs that can be excluded for the purpose of Medicaid eligibility was increased to \$3,000.

A variety of costs related to burial are considered to be exempt assets for Medicaid eligibility purposes if the funds to be used for such costs have been placed in an irrevocable burial trust. Prior to July 1, 2003, the maximum that could be placed in an irrevocable burial trust was \$2,500. This change is due to the Wisconsin biennial budget (2001 Wisconsin Act 16).

Questions? Please call Recipient Services at 1-800-362-3002.

Wisconsin Well Woman Medicaid changes

Certain Well Woman Medicaid changes are in effect immediately due to the Wisconsin biennial budget (2003 Wisconsin Act 33).

The Wisconsin Well Woman Medicaid program covers women who are **all** of the following:

- 35 to 64 years of age.
- Not eligible for other types of Wisconsin Medicaid and have no other insurance.
- Screened through the Wisconsin Well Woman Program.
- Diagnosed with breast or cervical cancer.

Effective immediately, women will not be disqualified from participation in the Wisconsin Well Woman Medicaid program solely because they have health insurance under the Indian Health Service. In addition, women who have not yet been diagnosed with breast or cervical cancer but have certain precancerous conditions and meet all other eligibility requirements will be able to participate in the Wisconsin Well Woman Medicaid program.

Questions? Please call Recipient Services at 1-800-362-3002.



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